

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/017615</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
✓ Filing		1	12/22/05							
Amendment			\$ 100							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 180								
		8 TO BE REFUNDED BY:								
		Treasury Check								
10 REASON:		Credit Deposit A/C #:								
✓ Overpayment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table>		1	5	--	0	0	3	0
1	5	--	0	0	3	0				
Duplicate Payment										
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A JOHNSON</u>		TITLE: <u>paralegal</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140</u>								
OFFICE: <u>PCF</u>										

THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: